



**SUBORDINATE  
MORTGAGE SUBMISSION VOUCHER PART II  
PURCHASE SUBMITTAL AND LENDER CERTIFICATION**

LENDER NAME: \_\_\_\_\_ LENDER LOAN NO. \_\_\_\_\_

SHIPPER CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

SHIPPING OFFICE ADDRESS: \_\_\_\_\_

CalHFA MANIFEST NUMBER: \_\_\_\_\_ CalHFA SUBORD. LOAN NUMBER: \_\_\_\_\_

BORROWER: \_\_\_\_\_ CO-BORROWER: \_\_\_\_\_  
(Last) (First) (Initial) (Last) (First) (Initial)

NEW PROPERTY ADDRESS: \_\_\_\_\_

BORROWER'S MAILING ADDRESS: \_\_\_\_\_  
(if different from property address, i.e. P.O. Box, route, etc.)

LIEN POSITION OF THIS LOAN: \_\_\_\_\_ (2<sup>ND</sup>) \_\_\_\_\_ (3<sup>RD</sup>) \_\_\_\_\_ (4<sup>TH</sup>) \_\_\_\_\_ (5<sup>TH</sup>)

PROGRAM NAME: \_\_\_\_\_ RATE: \_\_\_\_\_ TERM: \_\_\_\_\_

PRINCIPAL LOAN AMOUNT: \$ \_\_\_\_\_ CURRENT UNPAID BALANCE: \$ \_\_\_\_\_

SETTLEMENT DATE: \_\_\_\_\_

**REQUIRED DOCUMENTS FOR PURCHASE (Submission Package File Order)**

1. Subordinate MSV Part II: Purchase Submittal and Lender Certification (This form)
2. Original and full copy of CalHFA Subordinate Promissory Note showing California Housing Finance Agency, a public instrumentality and a political subdivision of the State of California as Lender/Beneficiary which has been executed by the borrowers (any co-signor required to sign the first Promissory Note must also sign all CalHFA Subordinate Notes)
3. Lender or title company certified copy of the Deed of Trust showing California Housing Finance Agency, a public instrumentality and political subdivision of the State of California as Lender/Beneficiary and Trustee
4. HUD final Settlement Statement
5. Copy of the Final Truth-in-Lending Disclosure Statement signed by the borrower(s), if changes to the initial Truth-in-Lending Disclosure were required

**LENDER'S CERTIFICATIONS**

The Lender has originated the CalHFA subordinate loan and hereby certifies:

Lender has issued and delivered to borrower(s) in the appropriate time period, all required Disclosure Statements, including, but not limited to, the Initial Truth-In-Lending Disclosure Statement, Good Faith Estimate and Fair Lending Notice and Final Truth-In-Lending Disclosure Statement if changes to the initial Truth-In-Lending Disclosure were required.

Borrower Name: \_\_\_\_\_ Manifest #: \_\_\_\_\_  
Lender Loan #: \_\_\_\_\_

That the subordinate loan above referenced was recorded in the proper lien position as stated in CalHFA's Conditional Loan Approval and that the Deed of Trust reflects California Housing Finance Agency, a public instrumentality and a political subdivision of the State of California as lender/beneficiary and trustee.

Based on reasonable investigation, the Lender has no reason to believe that either the Borrowers or the Sellers of the home have made any negligent or fraudulent material misstatements in connection with the loan.

That the Borrower(s) did not pay more than a \$250 application/processing fee.

That the Borrower has obtained the required hazard insurance policies (hazard/flood, as applicable) with respect to the home and the Lender will ensure that the policies are kept in force for the term of the loan.

That the Lender has completed and/or satisfied all of the CalHFA conditions of the first and/or subordinate loan approvals and other CalHFA requirements.

The Lender hereby agrees that it will immediately forward to CalHFA all information which it or any of its successors may receive during the life of the mortgage which tends to indicate that the Borrower(s) may have made a misrepresentation in applying for a loan, or that may affect the Borrower's eligibility for a loan. The Lender hereby acknowledges that its failure to comply with the CalHFA requirements or the certifications made in this statement will result in remedial action by CalHFA as prescribed in the Program Manual and the CalHFA Mortgage Purchase and Servicing Agreement (or Mortgage Purchase Agreement).

**Wiring Instructions:**

**Bank Name:** \_\_\_\_\_ **Account Number funds are to be wired to:** \_\_\_\_\_  
**Bank Address:** \_\_\_\_\_  
\_\_\_\_\_ **Attn:** \_\_\_\_\_  
**ABA#** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_  
(Signature of Authorized Representative)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Type Name and Title of Authorized Representative)

\_\_\_\_\_  
(Phone)

\*Note: All blanks must be completed in order for the form to be valid.